Community Service Network 7 Meeting
DHHS Offices, Biddeford
March 8, 2007

Approved Minutes

Members Present:

- Jennifer Goodwin, CSI
- WC Martin, Common Connection Club & TPG
- Mark Jackson, Harmony Center & TPG
- Brian Daskivich, Riverview Psychiatric Center
- Chris Souther, Shalom House
- Rita Soulard, SMMC
- Mary Jane Krebs, Spring Harbor
- Wayne Barter, Volunteers of America
- Jen Ouellette, York County Shelters
- Meg Gendron, York County Shelters

Members Absent:

- Community Mediation Services (vacant)
- Creative Work Systems
- Jeanne Mirisola, NAMI-ME Families (excused)
- Center for Life Enrichment (vacant)
- Goodall Hospital
- Job Placement Services, Inc.
- Elizabeth Sjulander, Saco River Hlth Svcs (excused)
- Transitions Counseling (excused)
- York Hospital

Others Present: Ron St. James, DHHS.

Staff Present: DHHS/OAMHS: Don Chamberlain, Carlton Lewis. Muskie School: Janice Daley, Melissa Padgett.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton Lewis opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the February 8th meeting were approved as written.
III. Crisis Services/Crisis Stabilization Units	**Crisis Stabilization Units** Don asked Jennifer Goodwin to review the information provided on the CSU Providers Additional Data Request Form. Jennifer discussed this information in depth, highlights as follows: • Since some costs are fixed there are no savings when less people are served. • Average length of stay is 4 days and most services are used by residents of York County • Most data represents approximations and there is a need to examine how data is collected in the unit. • Most crisis services are delivered in emergency departments. • People are sometimes referred to a higher level of service but her estimate is probably high. Jennifer also stated that their goal is to keep people out of the hospital and to refer to the least restrictive alternative. Mary Jane Krebs explained that she feels the goal should be to have people receive the appropriate level of care. Don commented that the 5% estimate of those who are referred to a higher level of care is lower than other areas of the state. Jennifer then continued her review and highlights of the discussion are as follows: • Staffing patterns vary according to time of day with the highest levels available during the date when staff do some programming. • People who receive 1:1 staffing in their homes sometimes may benefit from a change in environment that crisis

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	services offer although an overnight bed may not be needed. • There are several definitions of homelessness and members were not sure whether to use HUD's definition or another. **ACTION:** Don will ask Sheldon, DHHS/OAMHS Housing Coordinator, for his recommendation regarding a definition of homelessness. Members continued a discussion about psychiatric and medical services for people receiving crisis services. Mary Jane Kreb's noted that there is always a wait list for people on Maine Medical center's P-6 psychiatric unit which is a true medical psychiatric unit. Jennifer stated that CSI's crisis program could serve more people if they had more nursing staff, and that they are looking into this. She also stated that offering psychiatric services would enable them to serve people who need medication, since otherwise they have to refer people to partial hospitalization. She also explained that they do serve have units that are handicapped accessible; however, there are sometimes difficulties filling these units as a result of fender and other issues. **ACTION:** Jennifer Goodwin will estimate the number of people that CSI's CSU cannot serve, since they do not have 24-hour psychiatric and nursing services. Don then asked whether the living room concept would make a difference, and explained that peers outside of the crisis stabilization unit usually staff these programs. Members expressed an interest in this, and WC Martin and Mark Jackson responded that there is an interested in these and a peer crisis bed at Common Connections. **ACTION:** WC Martin and Mark Jackson agreed to touch base with Leticia to see if these options make sense for their club. **Crisis Services** Don discussed the handout of Performance Indicators for Adult MH Crisis Services for CSN 7 from the last meeting and asked for questions. The group reviewed the details of this report and some of the highlights and comments are as follows: • Response time data is difficult to compare as different providers use different definitions • Don noted that a majority of responses are resolved by telephone, (12,000 out of 15,000) • Jennifer commented that CSI approximates some data for telephone contacts since there is some information that they do not discuss on the telephone (for example; age) • Crisis plans are only developed for people in the system, and some people do not want a crisis plan. • The Consent Decree sees crisis plans are very important and there is a need for educating consumers on their importance. CSWs are a driving force behind crisis plans. • Technical advanced directives are seldom seen. • A variety of factors influence response time including important factors such as staffing and the nature of the request. • Don stated that the goal is to have a 30-minute response time and he recognizes that this is a major shift and members commented that having people staff the service around the clock is very expensive. • Rita Soulard commented that a number of things could influence response time such as having access to a laptop or computer.

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	• Jennifer noted that the length of the reports is a contributes to lack of efficiency and they are working to reduce this and convert to electronic health records • Don suggested that telemedicine should be explored as an alternative and Mary Jane Krebs reported that it is being used in remote areas for children's services. • Don noted that he would like to see the number of people seen in home increase. • There should be a central place for crisis programs to call to know if there is a PNMI bed to reduce long delays • There are often long delays in getting into SMMC as a result of clinical capacity and the fact that beds are full. • Spring Harbor is trying to develop its per diem pool, but finding skilled, trained staff to deal with complex patients is a problem. • Mary Jane Krebs emphasized that the data is really important and that people should send their questions to Elaine so that everyone is collecting the same data. • The hiring pool for crisis workers varies dramatically. Although the standard is now MHRT/C certification, the requirements will change April 1st so that crisis workers receive minimum training in addition to their bachelor's degrees. • Don concluded the discussion by saying that they first need to make sure that the system is working well before they decide if more beds are needed.
IV. Peer Services V. Presentation on Peers in the Emergency Room (CSI, SMMC)	Jennifer Goodwin reported that they had shared information about Departmental funds that are available for peer support services, but have not heard from the Department regarding a direction. Brian Daskivich reported that they have contracted with an individual thru Amistad to provide peer support at Maine General Hospital and that the program has developed slowly. Mary Jane Krebs reported similar experiences as people were initially reluctant to use this service; however, the role of the peer support specialist has grown over time. Brian reported that there is high utilization of peer services at Riverview and suggested that Jennifer go to Maine Medical Center and speak directly with the peer provider. Don Chamberlain suggested that it may be worthwhile to make a trip to visit Sweetser's and Mid-Coast Mental Health Center's peer programs. Jennifer will talk with other providers at the upcoming CLASS meeting at Spring Harbor.
VI. Review of Community Support Services (ACT, ICI, CI)	Don noted that the data on these services is similar to crisis data. This will be discussed at the next meeting.
VII. Budget Update	Don reported that there was no budget update.
VIII. Rate Standardization	Don distributed a handout developed by the Department entitled "Sample Rate Comparison". He reviewed the rate-setting process and informed members that he attended a meeting of the Department, legislators and providers regarding this issue. Through discussions in the legislative committee process, an agreement has been reached to reduce the amount mandated to save in the first year of the biennium from $10M to $5M. The Legislature has yet to approve this reduction, and the whole matter remains in process.
IX. Service Gaps: Response to Court Master Concern	Don informed members that the Court Master reviewed the Department's quarterly report and said that the Department cannot wait for process to meet the consent decree requirements. For example, the Department has had to make a decision about crisis stabilization beds in Lewiston and Rockland in order to comply with consent decree requirements. They may make some adjustments in the future.

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X. Other	Don asked people to send their feedback on the confidentiality document to Elaine Ecker and they will discuss at the next meeting.
XI. Public Comment	
XII. April Agenda Items.	Community Support Services Peer Services Outpatient Services